

O I P E

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOV 16 2009

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 14

Attorney Docket Number GRIHAC P44AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] <input checked="" type="checkbox"/> Fee attached - Check \$555	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response [9] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) Replacement Sheet(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Stmt	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address ..	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
<input type="checkbox"/> Response to Missing Part/s Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	

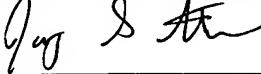
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Jay S. Franklin DAVIS & BUJOLD, P.L.L.C.	Reg. No. 54,105 CUSTOMER NO. 020210
Signature		
Date	November 13, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 13, 2009.

Signature		Date: November 13, 2009 (aag)
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Effective on 12/08/2004.
 Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$555.00

Complete if Known
 Application No.
 Filing Date
 First Named Inventor
 Examiner Name
 Art Unit

 10/538,303
 with an effective filing date of
 December 9, 2003
 Colin DUNLOP
 Kaitlyn E. HELLING
 3739

Attorney Docket No.

GRIHAC P44AUS

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments
under 37 CFR 1.16 and 1.17	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEESFee Description Small Entity
Fee (\$)Each claim over 20 (including Reissues) 52 26Each independent claim over 3 (including Reissues) 220 110Multiple dependent claims 390 195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP =	x	\$52/\$26 =		Fee (\$)

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP +	x	\$220/\$110 =		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	/ 50 =	(round up to a whole number) x	\$270/\$135 =	

4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): Petition for Three Month Extension of term \$555.00**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$555.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/538,303
with an effective filing date of
December 9, 2003
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Kaitlyn E. HELLING
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
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Each claim over 20 (including Reissues) 52 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> _____	<u>Fee (\$)</u> \$52/\$26	=	<u>Fee Paid (\$)</u> _____	<u>Multiple Dependent Claims</u> Fee (\$)	<u>Fee Paid (\$)</u> _____
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> _____	<u>Fee (\$)</u> \$220/\$110	=	<u>Fee Paid (\$)</u> _____		

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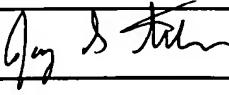
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Signature		Telephone (603) 226-7490
Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105
		Date: November 13, 2009